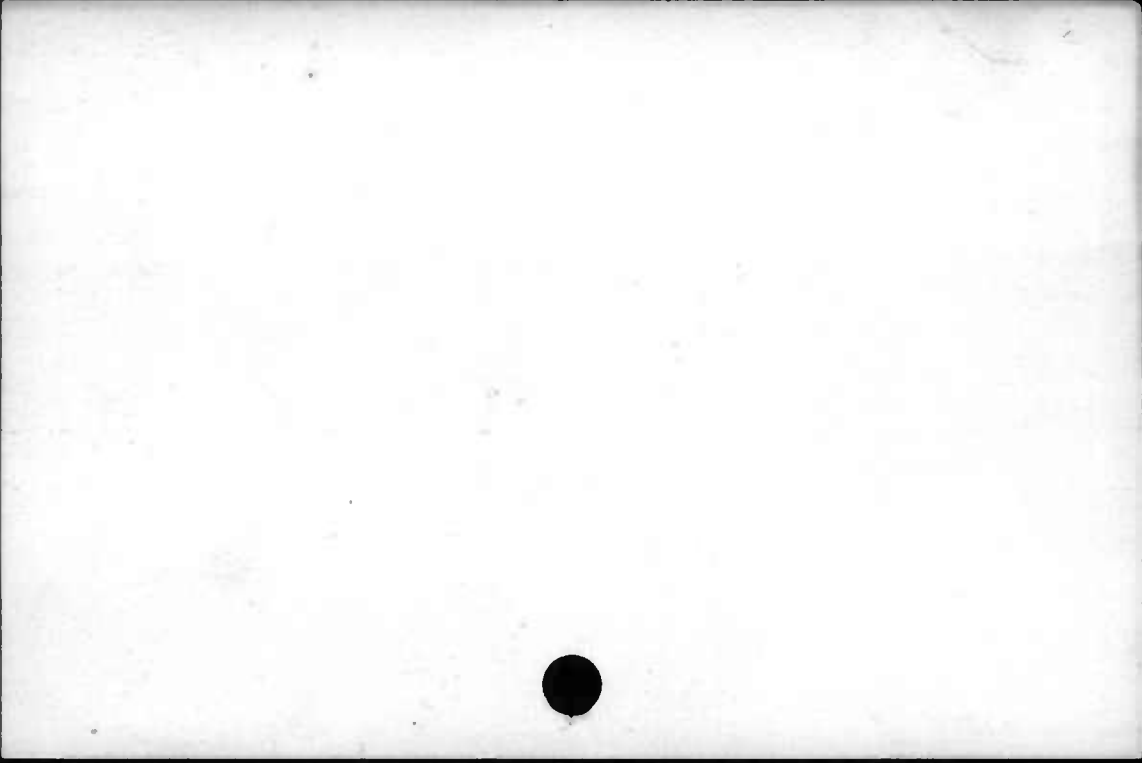
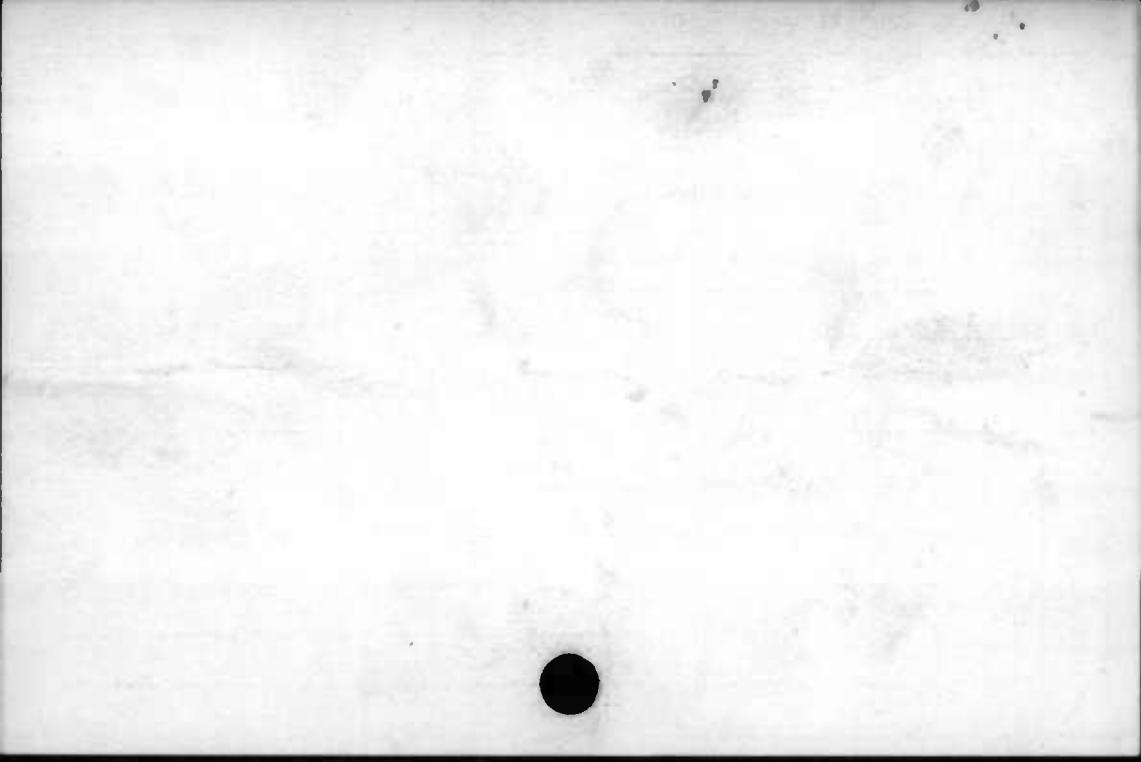


Name in Full		Blake (Not named)				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Marion		County		Somerset	
			Town				County	
	Date of death		1906		June		Day 16	
			Month		Year		Age 4 days	
	Sex		Female		Color or Race		Black	
	Occupation		Infant		Where Residing if not at place of death		Marion Ind	
	Married, Single or Widowed		Single		Name of Wife or Husband			
PHYSICIAN OR CORONER	Father's Name		John Blake		Father's Birthplace		Marion Ind	
	Mother's Maiden Name		Lusie Bird		Mother's Birthplace		" "	
	Name of person giving information		John Blake		How related to deceased		Father	
	CAUSES OF DEATH							
	Primary		6 mos. child		How long		4 days	
Immediate		Heart failure		How long				
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. C. Bell		
				Address		Marion Ind.		
Accident or Suicide?		Accident						



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Princess Anne</i>		County <i>Somerset</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>June</i>	Day <i>3</i>	Years <i>24 (2)</i>	Months Days <i>24</i>
	Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>md.</i>	
	Occupation <i>House work</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>			
	Father's Name <i>John Corbin</i>	Father's Birthplace <i>md.</i>			
	Mother's Maiden Name <i>?</i>	Mother's Birthplace <i>md</i>			
Name of person giving information <i>Levi Russell</i>	How related to deceased <i>none</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Tubercular Peritonitis</i>		How long	<i>29</i> <i>about 6 mos</i>
	Immediate	<i>Intestinal Haemorrhage</i>		How long	<i>few hours.</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas Fisher M.D.</i>		
			Address <i>Princess Anne</i>		
	Accident or Suicide? <i>md</i>				



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at <i>Princess Anne Somerset</i>		County			
Date of death <i>1906</i>	Month <i>June</i>	Day <i>13</i>	Age <i>93</i>	Months	Days
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Somerset Co</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Sandy Cattman</i>		Father's Birthplace <i>Somerset</i>			
Mother's Maiden Name <i>Hannah Cattman</i>		Mother's Birthplace			
Name of person giving information <i>Sandy Cattman</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

Primary <i>Old age</i>	How long
Immediate <i>(W.D. in attendance)</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Smith M.D.</i>
	Address <i>Princess Anne Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>James Westover</u> ^{Town} <u>Simersel-</u> ^{County}		MARYLAND	
Date of death	1906	Month	June
		Day	26
		Years	49
		Months	1
		Days	17
Sex	Male	Color or Race	Colored
Occupation	School teacher	Birth-place	Westover Md
Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	George Curtis	Father's Birthplace	Westover Md
Mother's Maiden Name	Maria Westover	Mother's Birthplace	Westover Md
Name of person giving information	Maria Curtis	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	11 Days
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G.E. Dickinson
		Address	Upper Fairmount
Accident or Suicide?			md



Name
in
Full

Milky Fields

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kingston</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>6</i>	Day <i>23</i>	Age <i>81</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Worcester, G</i>		
Occupation <i>Nothing</i>			Where Residing if not at place of death <i>—</i>		
Married <i>Single</i> Widowed			Name of Wife or Husband <i>John Fields</i>		
Father's Name <i>Joshua Stokley</i>			Father's Birthplace <i>Worcester, G</i>		
Mother's Maiden Name <i>Millie Dennis</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Littleton Fields</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	<i>154</i>	How long <i>4 years</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Littleton Fields (Son)</i>	
	Address <i>Kingston</i>	
Accident or Suicide? <i>No physician in attendance</i>	<i>md</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John H. Ford*
Town *Fairmount*County *Somerset*Date
of death *1906* Month *June*Day *2nd*Age *82* Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place

Occupation

*Farmer*Where Residing if not
at place of death

Married, Single

☒ WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Valvular Disease of Heart

How long

about a year

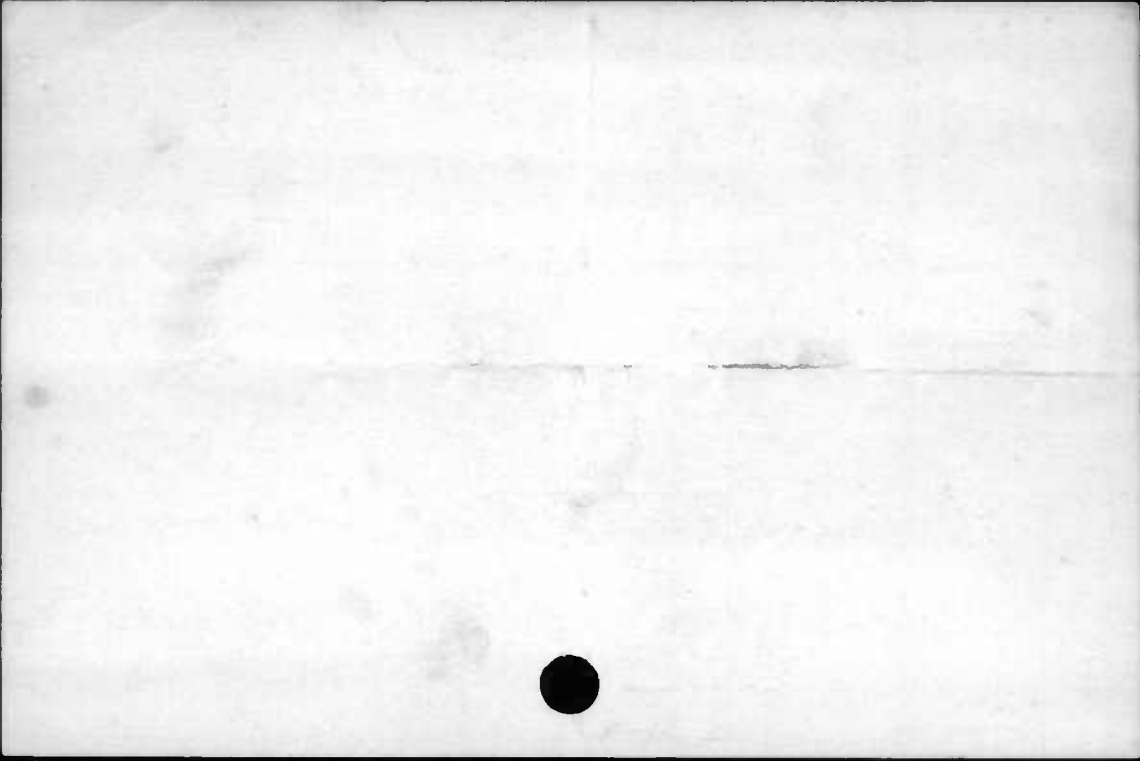
Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*G. E. Dickinson*

Address

*Upper Fairmount
Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

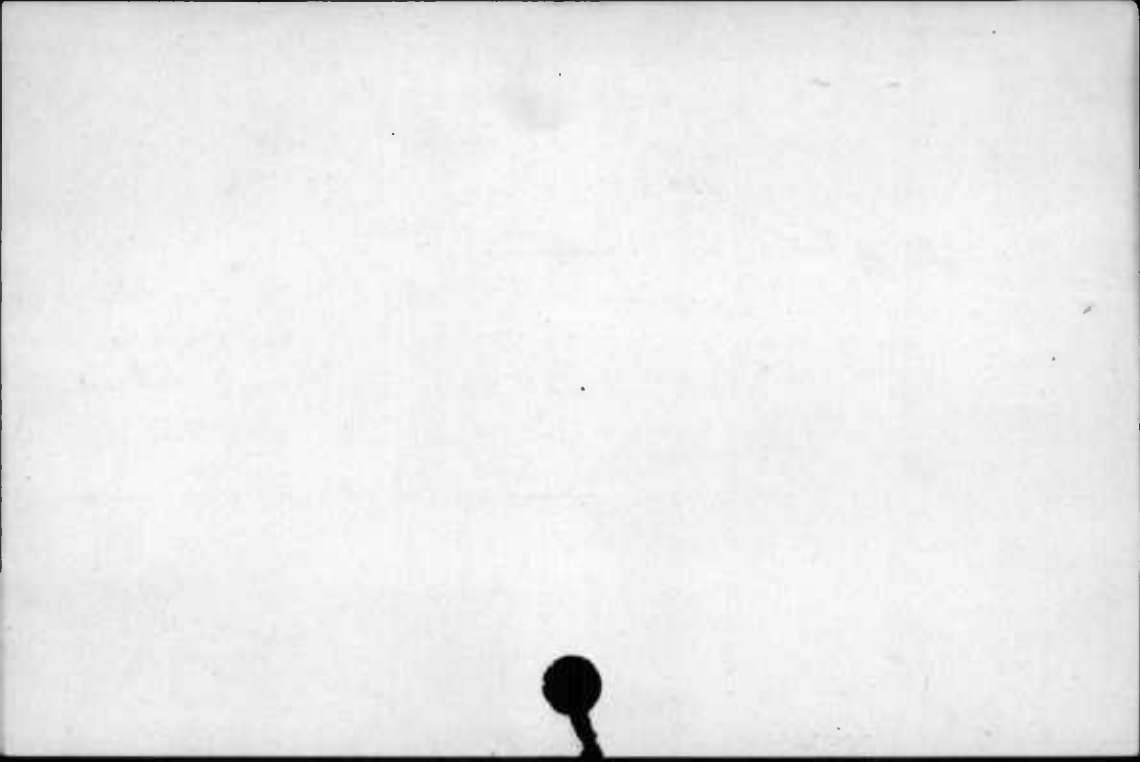
MARYLAND

Died at <i>Eastern Station</i>		Town <i>Sumner</i>		County <i>Borden</i>		
Date of death <i>1906</i>	Month <i>June</i>	Day <i>16</i>	Age <i>—</i>	Years <i>—</i>	Months <i>1</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place			
Occupation <i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Byrtho Hardy</i>				
Father's Name <i>Wm. Hardy</i>		Father's Birthplace <i>Weston</i>				
Mother's Maiden Name <i>Byrtho Rolland</i>		Mother's Birthplace <i>Weston</i>				
Name of person giving information <i>Maria Wiles</i>		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>179</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		<i>✓</i>



Name

in
Full

CERTIFICATE OF DEATH

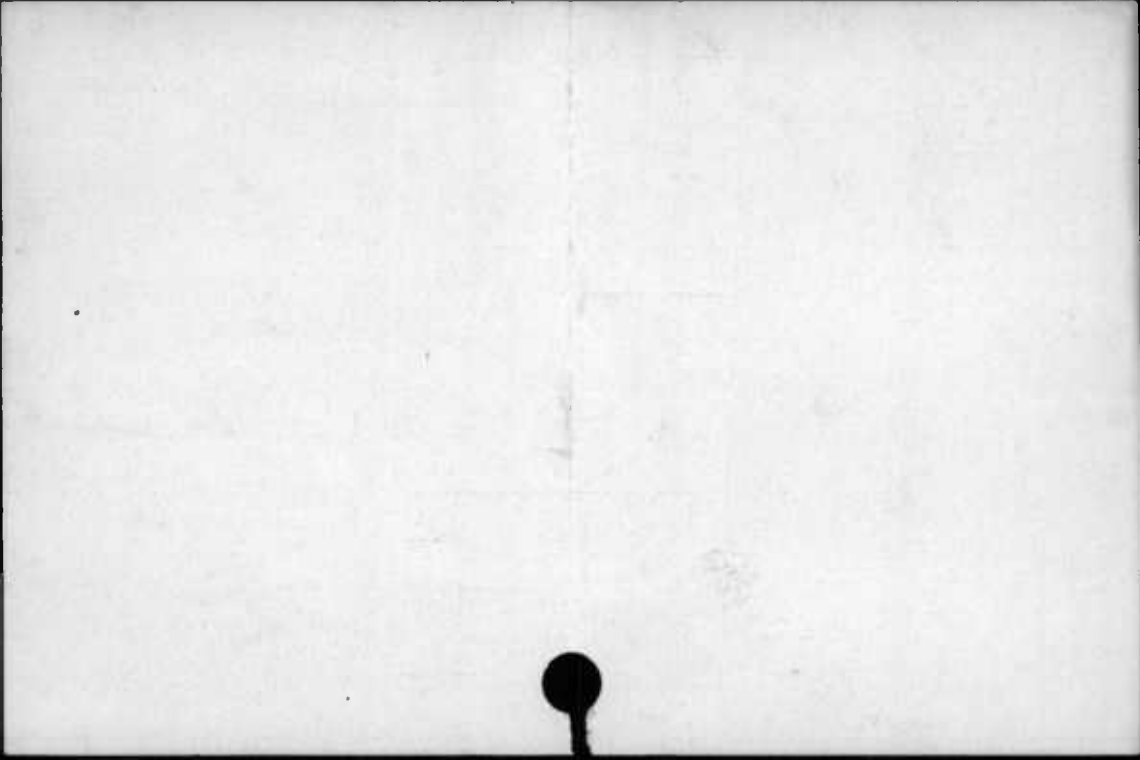
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Westover</i>		County <i>Somerset</i>		MARYLAND	
Date of death	1906	Month <i>June</i>	Day <i>11</i>	Age <i>37</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Westover</i>				
Occupation <i>House cook</i>	Where Residing if not at place of death <i>Westover</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Henry Gortey</i>						
Father's Name <i>John Robson</i>	Father's Birthplace <i>Loosef Station</i>						
Mother's Maiden Name <i>Easter Williams</i>	Mother's Birthplace <i>Ham Hill</i>						
Name of person giving information <i>Henry Gortey</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dropsy, with Heart Failure</i>	How long <i>11 months</i>
Immediate <i>Heart Failure</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes,</i>	Signature of Physician <i>J. M. Eccle M.D.</i>
	Address <i>Westover Me</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lizzie Hall

Town

Died at

Liberty

County

Somerset

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death 1906 June

4th Age 96

Sex

Female

Color or
Race

Negro

Birth-
place

Fairmount

Occupation

Sewing

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Lizzie Hall

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

R. H. Boggs

How related
to deceased

Her Pastor

CAUSES OF DEATH

Primary

old age

(154)

How long

—

Immediate

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

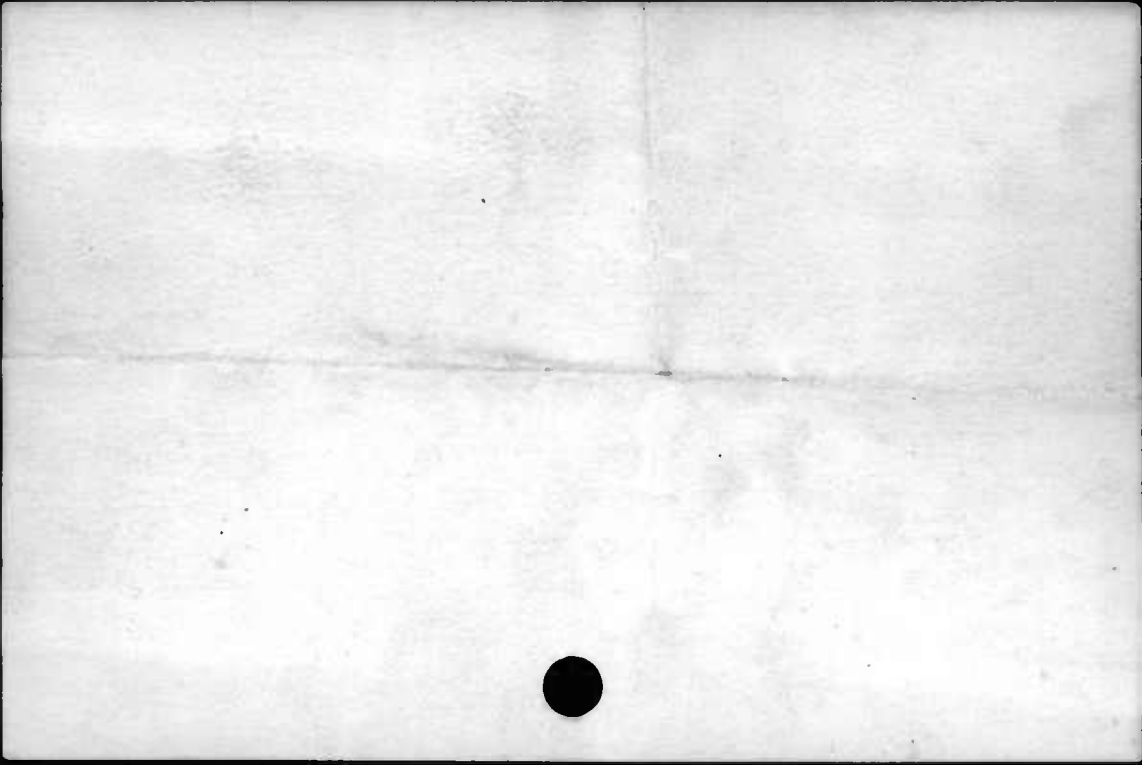
Signature of
Physician

R. H. Boggs

Address

Fairmount

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Emma M. Harris

Town

County

MARYLAND

Died at

Deal's Island Somerset

Date

Month

Day

Age

Years

Months

Days

of death 1906

June

7

9

Sex

Female

Color or
Race

Black

Birth-
place

Deal's Island

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John W. Harris

Father's
Birthplace

Deal's Island

Mother's
Maiden NameMother's
BirthplaceName of person giving
information

John W. Harris

How related
to deceased

Father

CAUSES OF DEATH

Primary

General Tuberculosis (Probably)

How long

6 mos.

Immediate

Coughing

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. G. Alexander
Somerset Co.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

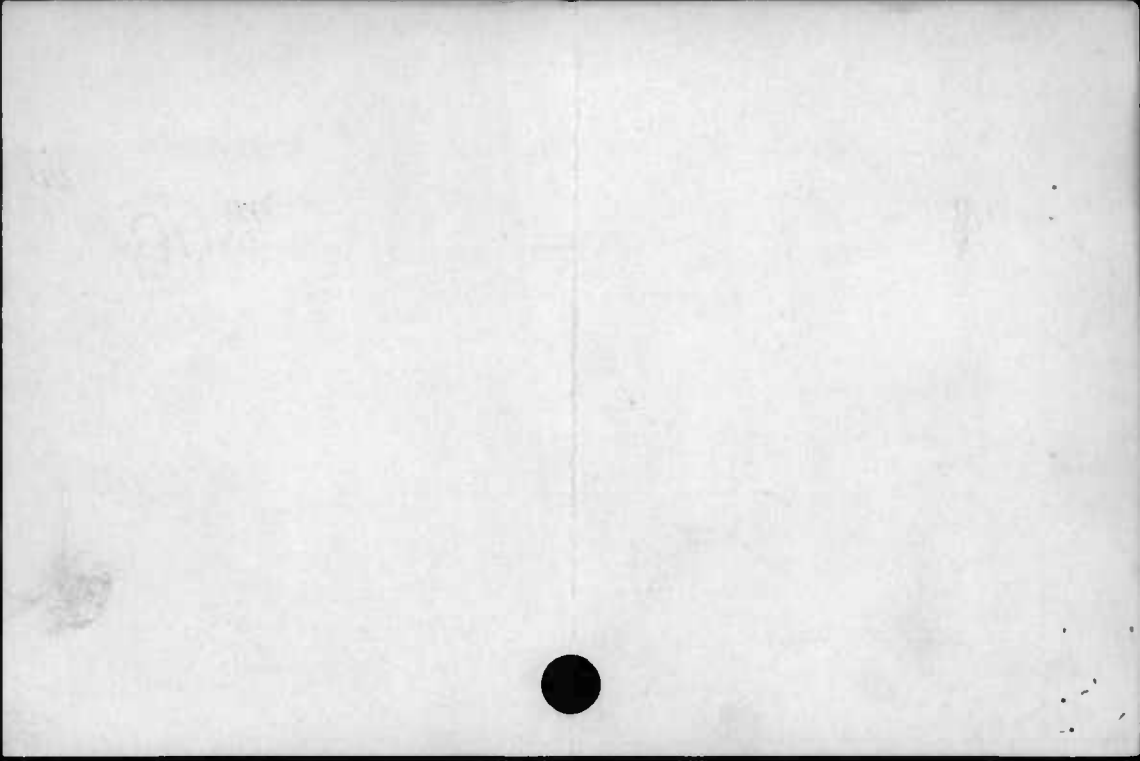
CERTIFICATE OF DEATH

MARYLAND

Died at		Town <i>Rehobeth</i>		County <i>Somerset</i>			
Date of death		Month <i>June</i>	Day <i>18</i>	Age <i>46</i>	Years <i>46</i>	Months <i>46</i>	Days <i>46</i>
Sex <i>Male</i>		Color or Race <i>Dark</i>		Birth-place <i>Somerset Co Md</i>			
Occupation <i></i>				Where Residing if not at place of death <i>Rehobeth</i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Ira. Harry</i>				Father's Birthplace <i>Rehobeth</i>			
Mother's Maiden Name <i>Leornelia Whittington</i>				Mother's Birthplace <i>Rehobeth.</i>			
Name of person giving information <i>Ira Harry</i>				How related to deceased <i>Father.</i>			

CAUSES OF DEATH

Primary	<i>Inflammation Stomach</i>	How long <i>1 year</i>
Immediate	<i>Physical Exhaustion</i>	How long <i>6 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>J. H. Eade M.D.</i>
		Address <i>Westover Del.</i>
Accident or Suicide? <i></i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Princess Anne* Town*Salisbury Co.* CountyDate of death *1906 June*Day *9*Age *54* YearsMonths *7*Days *13*Sex *Female*Color or Race *White*Birthplace *Groves Point, Md.*Occupation *Nothing*

Where Residing if not at place of death

*Princess Anne*Married, Single or Widowed *Widow*Name of Wife or Husband *Laywell K Jones*Father's Name *James P. Barber*Father's Birthplace *don't know*Mother's Maiden Name *Rachel R. Spicer*Mother's Birthplace *Concord, Del.*Name of person giving information *Rachel B. Ross*How related to deceased *Daughter*

CAUSES OF DEATH

Primary

*Heart failure**(179)*

How long

one hour

Immediate

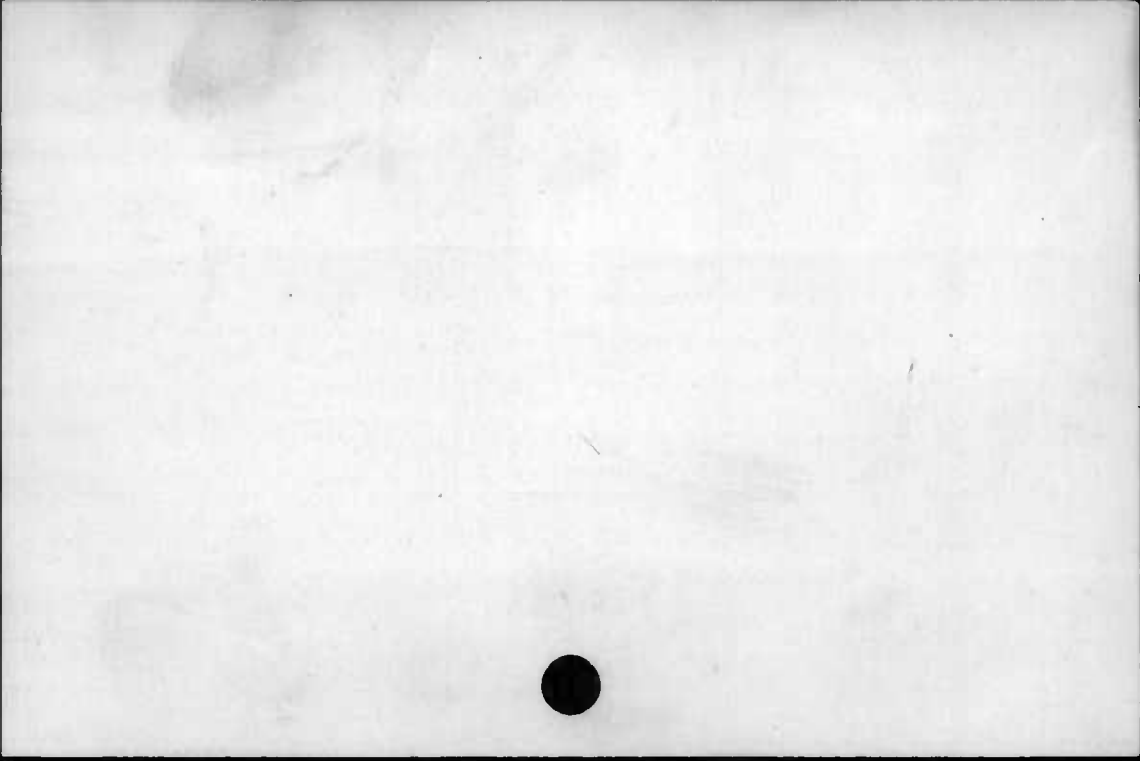
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L. J. Duell
Princess Anne

Accident or Suicide?



Name
in
Full

Edward Sidney Kersey

CERTIFICATE OF DEATH

MARYLAND

Died at

Marion

Town

County

Somerset

Date

of death

1906

Month

June

Day

25

Age

Years

63

Months

Days

Sex

male

Color or
Race

Black

Birth-
place

Marion Md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Sarah Kersey

Father's
Name

George Kersey

Father's
Birthplace

Marion Md

Mother's
Maiden Name

Sarah Gandy

Mother's
Birthplace

Marion Md

Name of person giving
InformationHow related
to deceased

Daughter

CAUSES OF DEATH

Primary

Valvula disintegration

How long

2 years

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

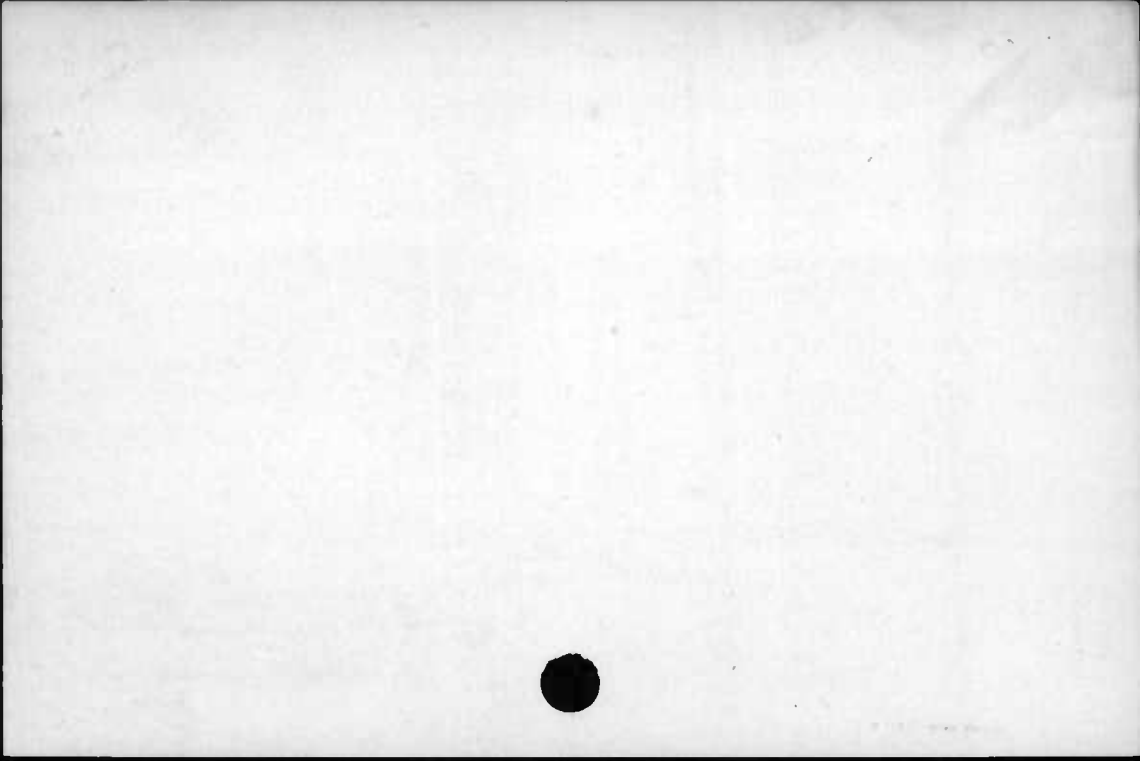
Signature of
Physician

Address

W. F. Hall
Circfield Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

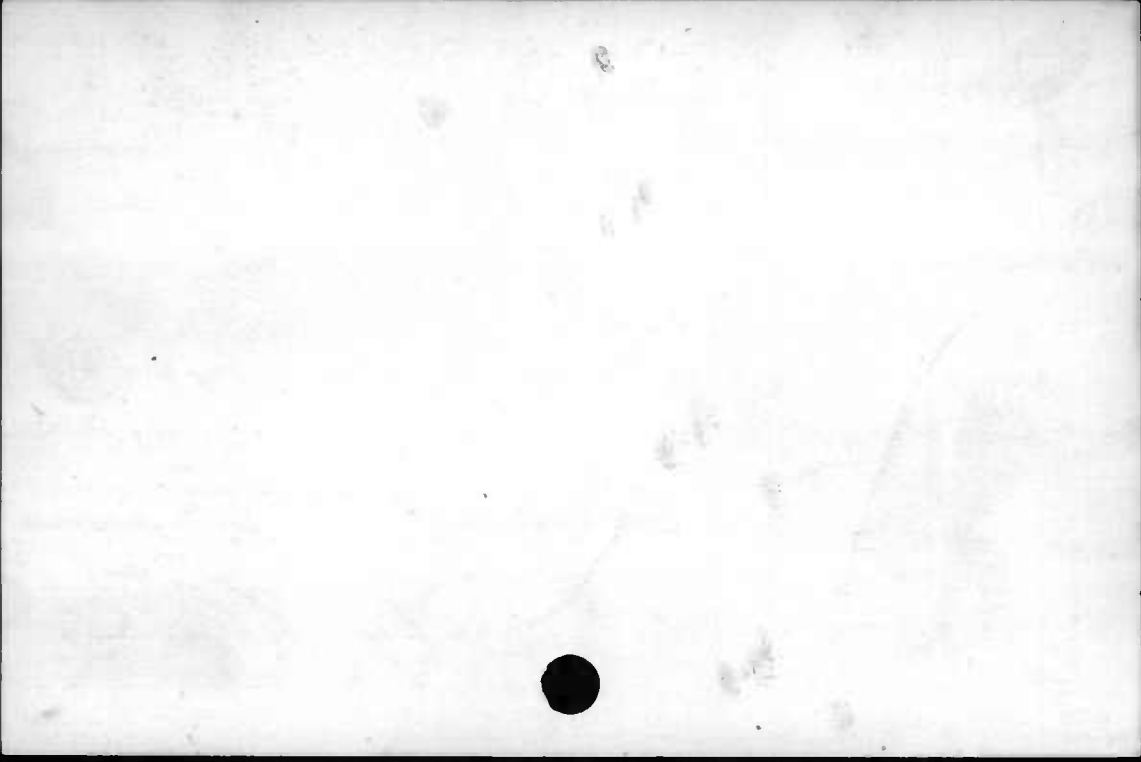
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		June	5	Age	20		
Sex	male		Color or Race	White		Birth-place	md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single					
Name of Wife or Husband		Name of Wife or Husband					
Father's Name		Ernan B. Messick				Father's Birthplace	md
Mother's Maiden Name		Elnora V. Smith				Mother's Birthplace	md
Name of person giving information		E. B. Messick				How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever		How long	2 1/2 weeks.
Immediate	asthenia		How long	5 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes -		J. G. Alexander		
		Address		
		Somerset Co.		
		md		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

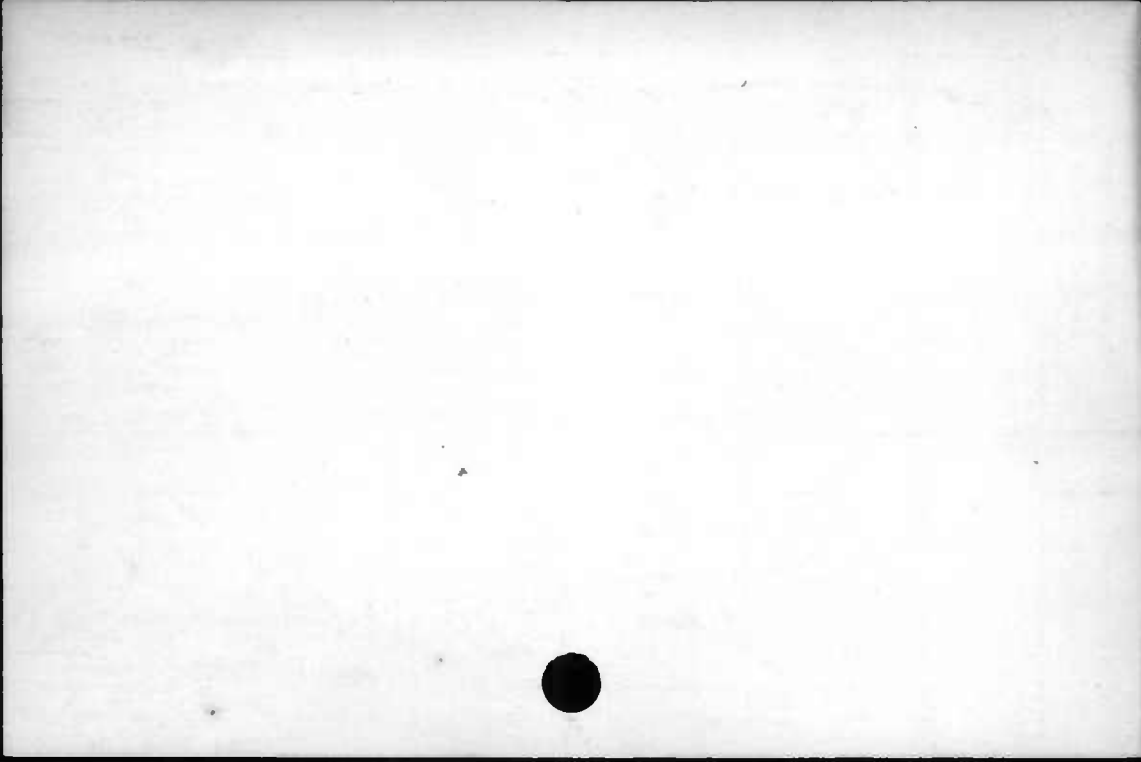
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lawson's</i> ^{Town}		<i>Milbourn</i> ^{County} <i>Soumiset</i>		MARYLAND	
Date of death	1906	Month	June	Day	28
Age	20	Years	0	Months	2
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Lawson's</i>	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Hubford Milbourn</i>		Father's Birthplace <i>Lawson's</i>	
Mother's Maiden Name		<i>Pease Lawson</i>		Mother's Birthplace <i>Lawson's</i>	
Name of person giving information		<i>" "</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause	<i>Premature Birth</i>	How long	<i>(15)</i>
Immediate Cause	<i>asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. H. Coulbourn</i>
		Address	<i>Cusfield Mt</i>
Accident or Suicide?			



Name
In
Full

Levin B Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Farmington</i>		Town <i>Somerset</i>		County		MARYLAND							
Date of death <i>1906</i>		Month <i>June</i>		Day <i>21</i>		Age <i>87</i>		Years		Months		Days	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Farmington</i>									
Occupation <i>farmer</i>		Where Residing if not at place of death <i>Farmington</i>											
Married, Single or Widowed		Name of Wife or Husband <i>Melciah Miles</i>											
Father's Name <i>Somme Miles</i>		Father's Birthplace <i>Farmington</i>											
Mother's Maiden Name <i>Sarah Secoby</i>		Mother's Birthplace <i>Snow Hill</i>											
Name of person giving information <i>Walter Miles</i>		How related to deceased <i>Son</i>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>		How long <i>several weeks</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr E. S. Miles</i>	
		Address <i>Farmington</i>	
Accident or Suicide?		<i>Bonmarche & Co</i>	



Mr. Wesley. Landon

Londonsville

Amuse Co.
Va

Name
in
Full

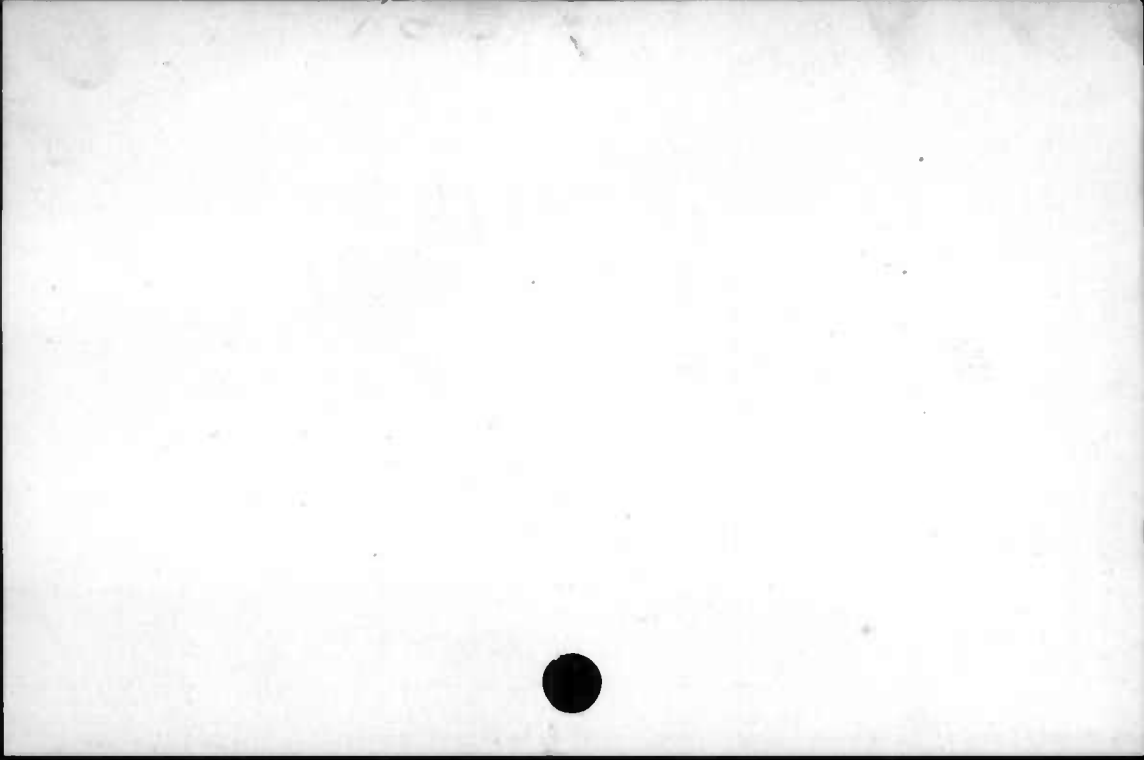
Margaret J. Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Chambers</i> ^{Town}		<i>Bowman</i> ^{County}		MARYLAND	
	Date of death 1906	Month <i>June</i>	Day <i>27</i>	Age <i>64</i>	Months <i>-</i>	Days <i>-</i>
	Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Som. Co.</i>		
	Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>		
	Name of Wife or Husband <i>Major Price</i>					
	Father's Name <i>Stephen Jones</i>			Father's Birthplace <i>Som. Co.</i>		
Mother's Maiden Name <i>Grace Rowe</i>			Mother's Birthplace <i>Som. Co.</i>			
Name of person giving information <i>Major Price</i>			How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>apoplexy</i>	(64)	How long <i>1 day</i>	
	Immediate <i>Coma</i>		How long <i>-</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S. J. Winder, M.D.</i>	
			Address <i>Dahms, Charles</i>	
	Accident or Suicide? <i>no</i>		<i>Southern Co. and</i>	



Name
in
Full

CERTIFICATE OF DEATH

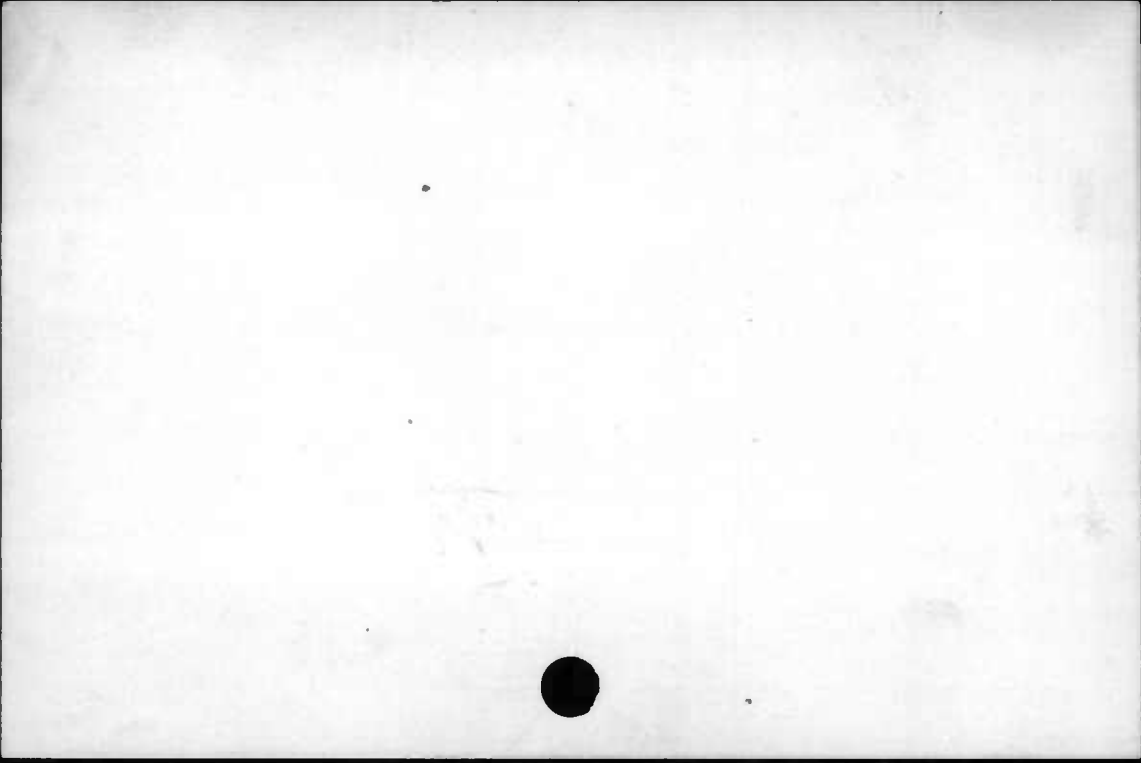
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		6	10				12
Sex	Color or Race	Birthplace					
Male	White	Mt Vernon					
Occupation		Where Residing If not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Thomas Simpkins		Mt Vernon					
Mother's Maiden Name		Mother's Birthplace					
Estelle Pheobus		Hahnah					
Name of person giving information		How related to deceased					
Thomas Simpkins		Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lockjaw	How long	2 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
		Thomas Simpkins Father	
Accident or Suicide?			



Name in Full		Kathleen Stevenson						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Griffith ^{Town}		Somerset ^{County}		MARYLAND		
	Date of death		1906	Month June	Day 12	Age 2	Years 2	Months 6	Days
	Sex		Female		Color or Race white		Birth-place Griffith Md		
	Occupation none				Where Residing if not at place of death —				
	Married, Single or Widowed —				Name of Wife or Husband —				
	Father's Name Wm. E. Stevenson						Father's Birthplace Hagerstown Md		
	Mother's Maiden Name						Mother's Birthplace		
Name of person giving information							How related to deceased		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Dysentery				How long 10 days		
	Immediate		Exhaustion				How long —		
	Are the name, age, sex, color, date and place correctly given above?				yes				
					Signature of Physician W. F. Hall				
					Address Griffith Md				
Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles Curtis Sudder

Town

County

MARYLAND

Died at near Western

Somerset Co.

Date

Month

Day

Years

Months

Days

of death 1906 June

29

Age

29

1

13

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Assistant postmaster

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Wm. J. Sudder

Father's
Birthplace

Somerset Co. Md

Mother's
Maiden Name

Annie Upshur Sudder

Mother's
Birthplace

Somerset Co. Md

Name of person giving
In formation

Hedys Sudder

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Tubercular peritonitis

How long

1 year

Immediate

Exhaustion & starvation

How long

7 or 8 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

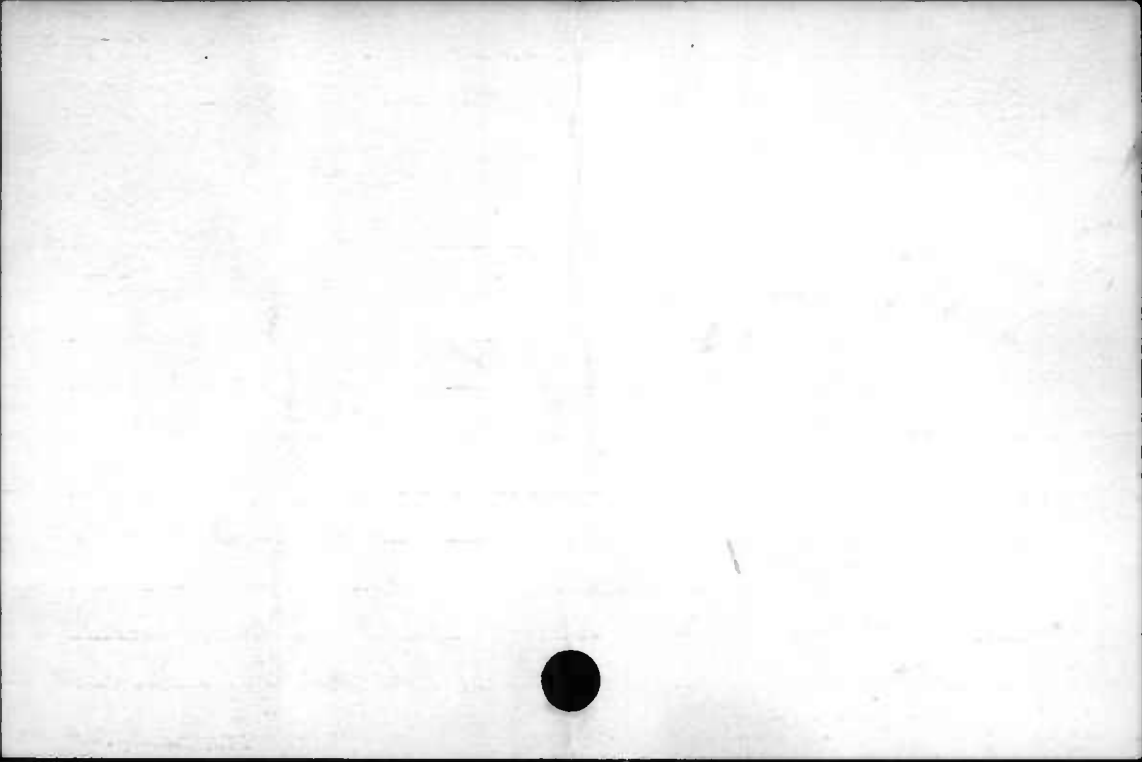
Address

J. J. Smith
Salisbury, Md

Accident or Suicide?

No

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Deal's Island</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>June</i>	Day <i>30th</i>	Age <i>68</i>	Years <i>68</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Som. Co.</i>			
Occupation <i>Oyster man</i>	Where Residing if not at place of death —				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Melina Webster</i>				
Father's Name —	Father's Birthplace —				
Mother's Maiden Name —	Mother's Birthplace —				
Name of person giving information <i>Perry Walter</i>	(45)				How related to deceased <i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Purpura hemorrhagica</i>	How long <i>2 weeks</i>
Immediate <i>& exhaustion</i>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. J. Windsor, M.D.</i>
Address <i>Blues Lyster</i>	<i>Somerset Co., Md.</i>
Accident or Suicide? <i>no.</i>	



Name
in
Full

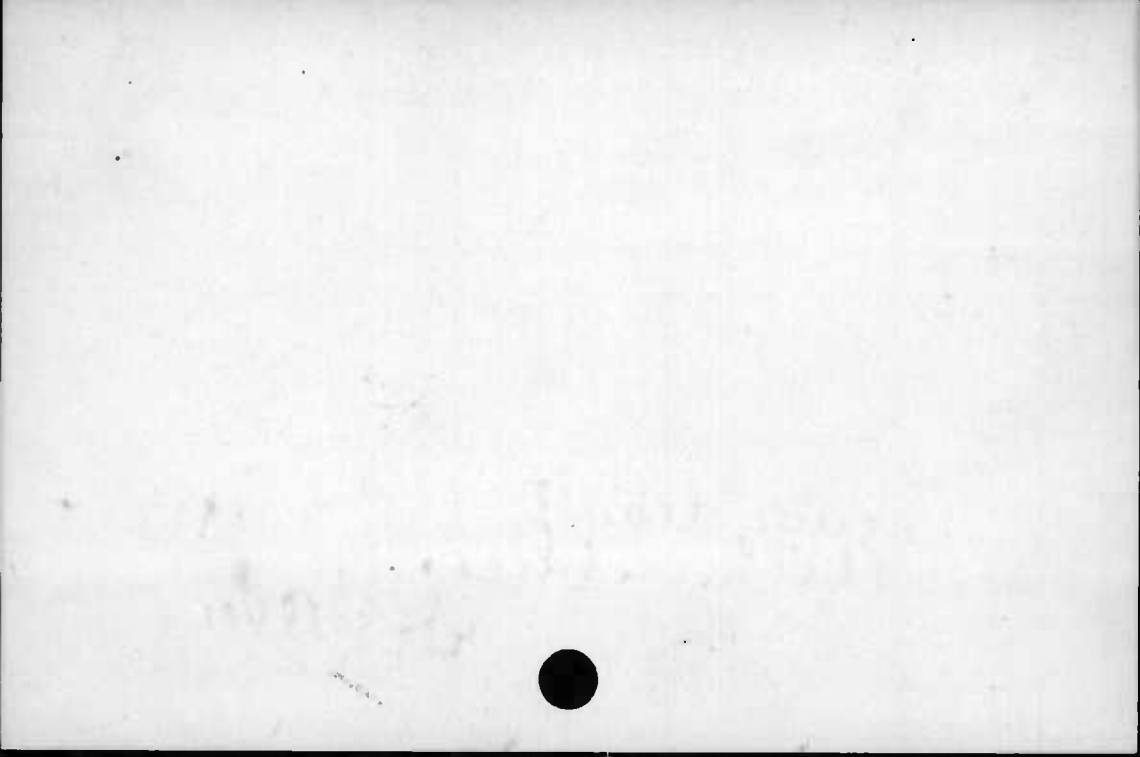
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Seab Island</i>		County <i>Somerset</i>		MARYLAND	
Date of death	1906	Month <i>Jun</i>	Day <i>14</i>	Age <i>70</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Rock Creek</i>		
Occupation <i>House work</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>J. J. Mcbride</i>			
Father's Name <i>Noak Kelly</i>		Father's Birthplace			
Mother's Maiden Name <i>Elizabeth Daniel</i>		Mother's Birthplace <i>Seab Island</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

Primary	<i>Senile debility</i>	How long	<i>1 Month</i>
Immediate	<i>Anemia (Heart)</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. P. Alexander</i>	
Yes		Address <i>Somerset Co.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Thomas Young</i>		Town <i>Crissfield</i>		County <i>Somerset</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906 June 25</i>		<i>—</i>		<i>6 mo</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Crissfield Md</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Thomas H Young</i>		Father's Birthplace <i>Crissfield Md</i>					
Mother's Maiden Name <i>Amanda M Doren</i>		Mother's Birthplace <i>Crissfield Md</i>					
Name of person giving information <i>mother</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>	How long <i>151</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>W F Hall</i>
		Address <i>Crissfield Md</i>
Accident or Suicide?		

